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Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)  <b>OR</b>	Attorney Docket Number	CRD-5023
	First Named Inventor	Robert E. Fischell et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	10/731,449
	Filing Date	December 9, 2003
	Group Art Unit	
	Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MEANS AND METHOD FOR STENTING BIFURCATED VESSELS**  
*(Title of the Invention)*

the specification of which

☐ is attached hereto

OR

☒ was filed on December 9, 2003 as United States Application Number or PCT International Application Number 10/731,449 and was amended on (MM/DD/YYYY)       

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

<b>DECLARATION - Utility or Design Patent Application</b>		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
<b>Application Number(s)</b>	<b>Filing Date (MM/DD/YYYY)</b>	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/467,934	May 5, 2003	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
<b>Application Serial No.</b>	<b>Filing Date</b>	<b>Status</b>
		Patented Patented Patented
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 0 10px;">000027777</span> →		Place Customer Number Bar Code Label Here
<b>AND</b>		
<input type="checkbox"/> Practitioner(s) named below: <u>Name</u>		<u>Registration Number</u>
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Paul A. Coletti at telephone number (732) 524-2815.		
Direct all correspondence to:      Customer Number <input checked="" type="checkbox"/> or Bar Code Label <span style="border: 1px solid black; padding: 0 10px;">000027777</span> OR <input type="checkbox"/> Correspondence address below		
<b>Name:</b>		
<b>Address:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP</b>
<b>Country</b>	<b>Telephone:</b>	<b>Fax:</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Robert E.

**Family Name**  
or Surname Fischell

**Inventor's**  
**Signature**

*Robert E. Fischell*

**Date**

*April 7, 2004*

**Residence: City** Dayton

**State** MD

**Country** USA

**Citizenship** USA

**Mailing Address** 14600 Viburnum Drive

**City** Dayton

**State** MD

**ZIP** 21036

**Country** USA

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**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Robert

**Family Name**  
or Surname Burgermeister

**Inventor's**  
**Signature**

**Date**

**Residence: City** Bridgewater

**State** NJ

**Country** USA

**Citizenship** USA

**Mailing Address** 401 Stoney Brook Drive

**City** Bridgewater

**State** NJ

**ZIP** 08807

**Country** USA

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**NAME OF THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) David R.

**Family Name**  
or Surname Fischell

**Inventor's**  
**Signature**

**Date**

**Residence: City** Fair Haven

**State** NJ

**Country** USA

**Citizenship** USA

**Mailing Address** 71 Riverlawn Drive

**City** Fair Haven

**State** NJ

**ZIP** 07704

**Country** USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Tim A.		<b>Family Name</b> or Surname Fischell	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> Richland	<b>State</b> MI	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 6447 Whitney Woods			
<b>City</b> Richland	<b>State</b> MI	<b>ZIP</b> 49083	<b>Country</b> USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>NAME OF FIFTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Thomas N.		<b>Family Name</b> or Surname Trotta	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> Miami Shores	<b>State</b> FL	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 1665 N.E. 104 <sup>th</sup> Street			
<b>City</b> Miami Shores	<b>State</b> FL	<b>ZIP</b> 33138	<b>Country</b> USA
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<b>NAME OF SIXTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Scott		<b>Family Name</b> or Surname Sidwall	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> Hollywood	<b>State</b> FL	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 1307 Rodman Street			
<b>City</b> Hollywood	<b>State</b> FL	<b>ZIP</b> 33019	<b>Country</b> USA



Please type a plus sign (+) inside this box  
PTO/SB/01 (10-00)



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	First Named Inventor	Robert E. Fischell et al.
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(Title of the Invention)

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
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60/467,934	May 5, 2003	
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<b>Application Serial No.</b>	<b>Filing Date</b>	<b>Status</b>
		Patented Patented Patented
I hereby appoint:  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 2px 10px;">000027777</span> →   <b>AND</b>   <input type="checkbox"/> Practitioner(s) named below:  <div style="display: flex; justify-content: space-between; width: 80%;"> <div><u>Name</u></div> <div><u>Registration Number</u></div> </div> </div> <div style="text-align: right;">           Place Customer            Number Bar Code            Label Here         </div> </div>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
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Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

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**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Robert E.

**Family Name**  
or Surname Fischell

**Inventor's**  
**Signature**

**Date**

**Residence: City** Dayton

**State** MD

**Country** USA

**Citizenship** USA

**Mailing Address** 14600 Viburnum Drive

**City** Dayton

**State** MD

**ZIP** 21036

**Country** USA

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**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Robert

**Family Name**  
or Surname Burgermeister

**Inventor's**  
**Signature**

**Date**

**Residence: City** Bridgewater

**State** NJ

**Country** USA

**Citizenship** USA

**Mailing Address** 401 Stoney Brook Drive

**City** Bridgewater

**State** NJ

**ZIP** 08807

**Country** USA

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**NAME OF THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) David R.

**Family Name**  
or Surname Fischell

**Inventor's**  
**Signature**

**Date**

**Residence: City** Fair Haven

**State** NJ

**Country** USA

**Citizenship** USA

**Mailing Address** 71 Riverlawn Drive

**City** Fair Haven

**State** NJ

**ZIP** 07704

**Country** USA

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**NAME OF FOURTH INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Tim A.

**Family Name**  
or Surname Fischell

**Inventor's**  
**Signature**

**Date**

**Residence: City** Richland

**State** MI

**Country** USA

**Citizenship** USA

**Mailing Address** 6447 Whitney Woods

**City** Richland

**State** MI

**ZIP** 49083

**Country** USA

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**NAME OF FIFTH INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Thomas N.

**Family Name**  
or Surname Trotta

**Inventor's**  
**Signature**

**Date**

**Residence: City** Miami Shores

**State** FL

**Country** USA

**Citizenship** USA

**Mailing Address** 1665 N.E. 104<sup>th</sup> Street

**City** Miami Shores

**State** FL

**ZIP** 33138

**Country** USA

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**NAME OF SIXTH INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Scott

**Family Name**  
or Surname Sidwall

**Inventor's**  
**Signature**

**Date**

**Residence: City** Hollywood

**State** FL

**Country** USA

**Citizenship** USA

**Mailing Address** 1307 Rodman Street

**City** Hollywood

**State** FL

**ZIP** 33019

**Country** USA





Please type a plus sign (+) inside this box



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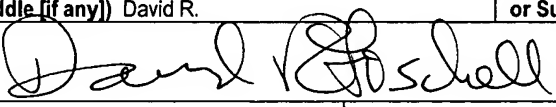
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I hereby appoint:		
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Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

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<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Robert E.		<b>Family Name</b> or Surname Fischell	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b> Dayton	<b>State</b> MD	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 14600 Viburnum Drive			
<b>City</b> Dayton	<b>State</b> MD	<b>ZIP</b> 21036	<b>Country</b> USA
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<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Robert		<b>Family Name</b> or Surname Burgermeister	
<b>Inventor's Signature</b>		<b>Date</b>	
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<b>Inventor's Signature</b> 		<b>Date</b> 3/29/04	
<b>Residence: City</b> Fair Haven	<b>State</b> NJ	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 71 Riverlawn Drive			
<b>City</b> Fair Haven	<b>State</b> NJ	<b>ZIP</b> 07704	<b>Country</b> USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

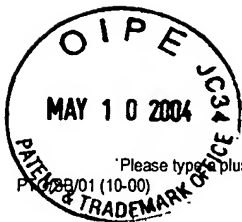
<b>NAME OF FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Tim A.		<b>Family Name</b> or Surname Fischell	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> Richland	<b>State</b> MI	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 6447 Whitney Woods			
<b>City</b> Richland	<b>State</b> MI	<b>ZIP</b> 49083	<b>Country</b> USA

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<b>NAME OF FIFTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Thomas N.		<b>Family Name</b> or Surname Trotta	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> Miami Shores	<b>State</b> FL	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 1665 N.E. 104 <sup>th</sup> Street			
<b>City</b> Miami Shores	<b>State</b> FL	<b>ZIP</b> 33138	<b>Country</b> USA

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<b>NAME OF SIXTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Scott		<b>Family Name</b> or Surname Sidwall	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> Hollywood	<b>State</b> FL	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 1307 Rodman Street			
<b>City</b> Hollywood	<b>State</b> FL	<b>ZIP</b> 33019	<b>Country</b> USA



Please type plus sign (+) inside this box  
PTO/SB/01 (10-00)



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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	CRD-5023
	First Named Inventor	Robert E. Fischell et al.
	COMPLETE IF KNOWN	
	Application Number	10/731,449
	Filing Date	December 9, 2003
	Group Art Unit	
	Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MEANS AND METHOD FOR STENTING BIFURCATED VESSELS**  
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on December 9, 2003 as United States Application Number or PCT International Application Number 10/731,449 and was amended on (MM/DD/YYYY)       

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
<b>Application Number(s)</b>	<b>Filing Date (MM/DD/YYYY)</b>	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/467,934	May 5, 2003	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
<b>Application Serial No.</b>	<b>Filing Date</b>	<b>Status</b>
		Patented Patented Patented
I hereby appoint:  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 0 10px;">000027777</span> →   <b>AND</b>   <input type="checkbox"/> Practitioner(s) named below:  <div style="display: flex; justify-content: space-between; width: 80%;"> <div><u>Name</u></div> <div><u>Registration Number</u></div> </div> </div> <div style="text-align: right;">           Place Customer Number Bar Code Label Here         </div> </div>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Paul A. Coletti at telephone number (732) 524-2815.		
Direct all correspondence to:      Customer Number <input checked="" type="checkbox"/> or Bar Code Label <span style="border: 1px solid black; padding: 0 10px;">000027777</span> OR <input type="checkbox"/> Correspondence address below		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

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**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Robert E.

**Family Name**  
or Surname Fischell

**Inventor's**  
**Signature**

**Date**

**Residence: City** Dayton

**State** MD

**Country** USA

**Citizenship** USA

**Mailing Address** 14600 Viburnum Drive

**City** Dayton

**State** MD

**ZIP** 21036

**Country** USA

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**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Robert

**Family Name**  
or Surname Burgermeister

**Inventor's**  
**Signature**

**Date**

**Residence: City** Bridgewater

**State** NJ

**Country** USA

**Citizenship** USA

**Mailing Address** 401 Stoney Brook Drive

**City** Bridgewater

**State** NJ

**ZIP** 08807

**Country** USA

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**NAME OF THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) David R.

**Family Name**  
or Surname Fischell

**Inventor's**  
**Signature**

**Date**

**Residence: City** Fair Haven

**State** NJ

**Country** USA

**Citizenship** USA

**Mailing Address** 71 Riverlawn Drive

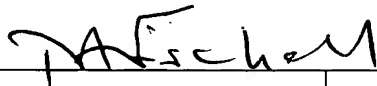
**City** Fair Haven

**State** NJ

**ZIP** 07704

**Country** USA

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<b>NAME OF FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Tim A.		<b>Family Name</b> or Surname Fischell	
<b>Inventor's Signature</b> 		<b>Date</b> 5/6/04	
<b>Residence: City</b> Richland	<b>State</b> MI	<b>Country</b> USA	<b>Citizenship</b> USA

**Mailing Address** 6447 Whitney Woods

<b>City</b> Richland	<b>State</b> MI	<b>ZIP</b> 49083	<b>Country</b> USA
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<b>NAME OF FIFTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Thomas N.		<b>Family Name</b> or Surname Trotta	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b> Miami Shores	<b>State</b> FL	<b>Country</b> USA	<b>Citizenship</b> USA

**Mailing Address** 1665 N.E. 104<sup>th</sup> Street

<b>City</b> Miami Shores	<b>State</b> FL	<b>ZIP</b> 33138	<b>Country</b> USA
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<b>NAME OF SIXTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Scott		<b>Family Name</b> or Surname Sidwall	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b> Hollywood	<b>State</b> FL	<b>Country</b> USA	<b>Citizenship</b> USA

**Mailing Address** 1307 Rodman Street

<b>City</b> Hollywood	<b>State</b> FL	<b>ZIP</b> 33019	<b>Country</b> USA
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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	CRD-5023
	First Named Inventor	Robert E. Fischell et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	10/731,449
	Filing Date	December 9, 2003
	Group Art Unit	
	Examiner Name	

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**MEANS AND METHOD FOR STENTING BIFURCATED VESSELS**  
*(Title of the Invention)*

the specification of which

☐ is attached hereto

OR

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

<b>DECLARATION - Utility or Design Patent Application</b>		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
<b>Application Number(s)</b>	<b>Filing Date (MM/DD/YYYY)</b>	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/467,934	May 5, 2003	
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<b>Application Serial No.</b>	<b>Filing Date</b>	<b>Status</b>
		Patented Patented Patented
I hereby appoint:  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 2px 10px;">000027777</span> →   <b>AND</b>   <input type="checkbox"/> Practitioner(s) named below:  <div style="display: flex; justify-content: space-between; width: 80%;"> <div><u>Name</u></div> <div><u>Registration Number</u></div> </div> </div> <div style="text-align: right;">           Place Customer Number Bar Code Label Here         </div> </div>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Paul A. Coletti at telephone number (732) 524-2815.		
Direct all correspondence to:      Customer Number <input checked="" type="checkbox"/> or Bar Code Label <span style="border: 1px solid black; padding: 2px 10px;">000027777</span> OR <input type="checkbox"/> Correspondence address below		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

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**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Robert E.

**Family Name**  
or Surname Fischell

**Inventor's**  
**Signature**

**Date**

**Residence: City** Dayton

**State** MD

**Country** USA

**Citizenship** USA

**Mailing Address** 14600 Viburnum Drive

**City** Dayton

**State** MD

**ZIP** 21036

**Country** USA

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**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Robert

**Family Name**  
or Surname Burgermeister

**Inventor's**  
**Signature**

**Date**

**Residence: City** Bridgewater

**State** NJ

**Country** USA

**Citizenship** USA

**Mailing Address** 401 Stoney Brook Drive

**City** Bridgewater

**State** NJ

**ZIP** 08807

**Country** USA

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**NAME OF THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) David R.

**Family Name**  
or Surname Fischell

**Inventor's**  
**Signature**

**Date**

**Residence: City** Fair Haven

**State** NJ

**Country** USA

**Citizenship** USA

**Mailing Address** 71 Riverlawn Drive

**City** Fair Haven

**State** NJ

**ZIP** 07704

**Country** USA

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**NAME OF FOURTH INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Tim A.

**Family Name**  
or Surname Fischell

**Inventor's**  
**Signature**

**Date**

**Residence: City** Richland

**State** MI

**Country** USA

**Citizenship** USA

**Mailing Address** 6447 Whitney Woods

**City** Richland

**State** MI

**ZIP** 49083

**Country** USA

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**NAME OF FIFTH INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Thomas N.

**Family Name**  
or Surname Trotta

**Inventor's**  
**Signature**

**Date** April 2, 2004

**Residence: City** Miami Shores

**State** FL

**Country** USA

**Citizenship** USA

**Mailing Address** 1665 N.E. 104<sup>th</sup> Street

**City** Miami Shores

**State** FL

**ZIP** 33138

**Country** USA

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**NAME OF SIXTH INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Scott

**Family Name**  
or Surname Sidwall

**Inventor's**  
**Signature**

**Date**

**Residence: City** Hollywood

**State** FL

**Country** USA

**Citizenship** USA

**Mailing Address** 1307 Rodman Street

**City** Hollywood

**State** FL

**ZIP** 33019

**Country** USA



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				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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		Patented Patented Patented
I hereby appoint:  <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 2px 10px;">000027777</span> →   <b>AND</b>   <input type="checkbox"/> Practitioner(s) named below:  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><u>Name</u></span> <span><u>Registration Number</u></span> </div> </div> <div style="width: 35%; text-align: center; vertical-align: top;">             Place Customer Number Bar Code Label Here           </div> </div>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Paul A. Coletti at telephone number (732) 524-2815.		
Direct all correspondence to:      Customer Number <input checked="" type="checkbox"/> or Bar Code Label <span style="border: 1px solid black; padding: 2px 10px;">000027777</span> OR <input type="checkbox"/> Correspondence address below		
<b>Name:</b>		
<b>Address:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP</b>
<b>Country</b>	<b>Telephone:</b>	<b>Fax:</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Robert E.

**Family Name**  
or Surname Fischell

**Inventor's**  
**Signature**

**Date**

**Residence: City** Dayton

**State** MD

**Country** USA

**Citizenship** USA

**Mailing Address** 14600 Viburnum Drive

**City** Dayton

**State** MD

**ZIP** 21036

**Country** USA

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**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Robert

**Family Name**  
or Surname Burgermeister

**Inventor's**  
**Signature**

**Date**

**Residence: City** Bridgewater

**State** NJ

**Country** USA

**Citizenship** USA

**Mailing Address** 401 Stoney Brook Drive

**City** Bridgewater

**State** NJ

**ZIP** 08807

**Country** USA

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**NAME OF THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) David R.

**Family Name**  
or Surname Fischell

**Inventor's**  
**Signature**

**Date**

**Residence: City** Fair Haven

**State** NJ

**Country** USA

**Citizenship** USA

**Mailing Address** 71 Riverlawn Drive

**City** Fair Haven

**State** NJ

**ZIP** 07704

**Country** USA

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NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Tim A.

Family Name  
or Surname Fischell

Inventor's  
Signature

Date

Residence: City Richland

State MI

Country USA

Citizenship USA

Mailing Address 6447 Whitney Woods

City Richland

State MI

ZIP 49083

Country USA

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NAME OF FIFTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Thomas N.

Family Name  
or Surname Trotta

Inventor's  
Signature

Date

Residence: City Miami Shores

State FL

Country USA

Citizenship USA

Mailing Address 1665 N.E. 104<sup>th</sup> Street

City Miami Shores

State FL

ZIP 33138

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SIXTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Scott

Family Name  
or Surname Sidwell

Inventor's  
Signature

Date

Residence: City Hollywood

State FL

Country USA

Citizenship USA

Mailing Address 1307 Rodman Street

City Hollywood

State FL

ZIP 33019

Country USA